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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

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OMB Number: 3235-0076 Expires: May 31, 2005

Estimated average burden

hours per response......

SEC USE (ONLY
Prefix	Serial
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DATE RECE	EIVED
	1

	UNIF	ORM LIMITED O	FFERI	NG EXEM	IPTION _	
Name of Offering (check i			•		change.)	
Pacific Consolidated Hol		ale of Preferred and (Common S			
Filing Under (Check box(es) tl		☐ Rule 504 ☐ R	Rule 505	🛛 Rule 5	06 🔲 Secti	on 4(6) ULOE
Type of Filing: New Filing:						
			TIFICATI	ON DATA		
1. Enter the information requ	ested about t	he issuer				
Name of Issuer (☐ check if	his is an ame	ndment and name has c	hanged, a	nd indicate cl	hange.)	
Pacific Consolidated Ho	dings LLC					
Address of Executive Offices		(Number and Street, C	City, State,	Zip Code)	Telephone Num	nber (Including Area Code)
12201 Magnolia Avenue.	Riverside, C	CA 92503-4820			951-479-080	60
Address of Principal Business	Operations	(Number and Street, C	City, State,	Zip Code)	Telephone N	1 - (T - 1 1' - 1 - C - 1 -)
(if different from Executive Of	fices)					
Brief Description of Business:						1684 1874 1844 1844 1884
Manufacture and sell po	rtable oxyge	n/nitrogen generating	plants an	d accessory	equipment.	
Type of Business Organization					<u> </u>	
☐ corporation	🔲 limit	ed partnership, already	formed			05070710
				🛛 other ((please specify):	птиес наопису сотрану
☐ business trust	🔲 limit	ed partnership, to be for	rmed			
		Mor	nth	Year		
Actual or Estimated Date of In	corporation o	or Organization: 0	8	0 3	☑ Actual	☐ Estimated
Jurisdiction of Incorporation o	-				_	
surisdiction of incorporation o	Olganizatio	`				
		CN for Canada; FN	for other	oreign juriso	iction)	DE
GENERAL INSTRUCTIONS						
Federal:						
	king an offeri	ng of securities in reliand	ce on an ex	emption under	r Regulation D or	Section 4(6), 17 CFR 230.501
et seq. or 15 U.S.C. 77d(6).						
When To File: A notice must b	e filed no late	r than 15 days after the fir	rst sale of s	ecurities in the	e offering. A notic	e is deemed filed with the U.S.

Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)



Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;

Each general and managing partner of partnership issuers

Each general and in	anaging pariner	of partifership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Ruck, Robert	if individual)				
Business or Residence Addr 12201 Magnolia Avenu			Code)		
Check Box(es) that Apply:			☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner
Full Name (Last name first, Cherington, Charles	if individual)				
Business or Residence Addr 29 Buckingham Street			Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Horton, John					
Business or Residence Addr 12201 Magnolia Avenu	,		Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, Herbst, Jon, Key Prin		LC			
Business or Residence Addr 800 Superior Avenue,		l Street, City, State, Zip land, Ohio 44114, Atte			
Check Box(es) that Apply:			☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, Asen, R. Scott	if individual)				
Business or Residence Addr 12201 Magnolia Aven		• • • • • • •	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, McFadyen, Jay	if individual)			ji projek	
Business or Residence Addr 12201 Magnolia Aven			Code)		
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Padilla, Reuben					
Business or Residence Addr 12201 Magnolia Aven	ue, Riverside, C.	A 92503-4820	·		
	(Use blank sheet	t or conviand use addition	onal copies of this sheet	as necessary)	

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Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Naheiri, Tarik	if individual)				
Business or Residence Addr 12201 Magnolia Avenu	•		Code)		
Check Box(es) that Apply		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Schmitz, Soeren	if individual)			A.	
Business or Residence Addr 12201 Magnolia Avenu			Code)	lindar (1866) Timber	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Bitter, David	if individual)				
Business or Residence Addr 12201 Magnolia Avenu	•		Code)		
Check Box(es) that Apply:	Promoter		☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	and the	ale to read the stage of the st			
Business or Residence Addr	ess (Number and	I Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	1 Street, City, State, Zip	Code)		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addi	ress (Number and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		- 1 - 1 - 1 - 2 - 5 - 5		
Business or Residence Addi	ress: (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ress (Number and	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)	Parada de Carlos			
Business or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
	(Use blank shee	t, or copy and use addition	onal copies of this sheet.	as necessary.)	

Yes No 3. Does the offering permit joint ownership of a single unit?	2.8	Ser Seri			i Santai	B. I	NFORMA	TION AB	OUT OFF	ERING			k, kusysten ng Ger		,
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar renumeration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer fregistered with the SEC and/or with a state or states, list the name of the broker or dealer. In order than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) N/A Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) (Check "All States" or check individual States) (AL) [AK] [AX] [AR] [CA] [CA] [CA] [CA] [MB] [MA] [MA]	•	TT .1	•	11 1		1.	11	1.	. 1		- cc: 0				
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No. Does the offering permit joint ownership of a single unit?	2.								lividual?					S	
A. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. The more than five (S) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Part Cast name first, if individual N/A	۷.	W Hat	is the nan		ounce the		iccepica ii	om uny m							
any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. NA	3.	Does	the offerir	ng permit j	oint owner	ship of a s	single unit	?							
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SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.															
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	Type of Security Debt		Aggregate fering Price	, \$	Amount Already Sold
	Equity	Ψ.			
	⊠ Common ⊠ Preferred	\$	3,996,845	\$	3,996,845
	Convertible Securities (including warrants)	\$		- \$	
	Partnership Interests	\$		- \$	
	Other (Specify)	\$		- \$	
	Total	\$	3,996,845	\$	3,996,845
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate ollar Amount
	Accredited Investors	Nur	nber Investors		of Purchases
			10	- \$	3,996,845
	Non-accredited Investors.			_ \$	
	Total (for filings under Rule 504 only)			_ \$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of Offering Rule 505		Type of Security	D _ \$	Pollar Amount Sold
	Regulation A			\$	
	Rule 504			-	
	Total			\$	-
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			3 \$	
	Legal Fees		×	\$	70,000
	Accounting Fees			\$	
				\$	
	Engineering Fees				
	Sales Commissions (specify finders' fees separately)			3 \$	
				_ *	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total